APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTE	EMS AND METHOI	OS FOR CONTROLLABI	LY REFILLING A FLU	<u>ID QUANTITY SENSING FLUI</u>	D EJECTION HEAD				
described and claimed in the specification: Check one *a.									
The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):									
I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:									
James A. Oliff, Registration No. 27,075; William P. Berridge, Registration No. 30,024; Kirk M. Hudson, Registration No. 27,562; Thomas J. Pardini, Registration No. 30,411; Edward P. Walker, Registration No. 31,450; Robert A. Miller, Registration No. 32,771; Mario A. Costantino, Registration No. 33,565; Stephen J. Roe, Registration No. 34,463; Joel S. Armstrong, Registration No. 36,430; Christopher W. Brown, Registration No. 38,025; Richard E. Rice, Registration No. 31,560; Paul Tsou, Registration No. 37,956; Eric D. Morehouse, Registration No. 38,565; Mark Costello, Registration No. 31,342; Ronald F. Chapuran, Registration No. 26,402; Richard B. Domingo, Registration No. 36,784; Elizabeth F. Harasek, Registration No. 28,850; Kevin R. Kepner, Registration No. 32,145; and/or Eugene O. Palazzo, Registration No. 20,881.									
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.									
I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
1	Typewritten Full of First or Sole I		Eric	Α.	MERZ				
		_	Given Name	Middle Initial	Family Name				
2	**INVENTOR'S	S SIGNATURE:	200						
3	**DATE OF SIGNATURE:		Ochser	23	2003				
			Month	Day	Year				
	Residence:	Palmyra		New York	USA				
	City Citizenship: USA			State or Province	Country				
	Citizenship.	Post Office Address: (Insert complete	2988 Sherwood I	Road					
		mailing address							

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

including country)

Palmyra, New York 14522

Page 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1	Typewritten F	ull Name			
	of Second Join	nt Inventor (if any)	Brian	S.	HILTON
			Given Name	Middle Initial	Family Name
2	**INVENTO	R'S SIGNATURE:	The holder		
3	**DATE OF SIGNATURE:		November	18	2003
	2		Month	Day	Year
	Residence:	Rochester	New Yo	ork	USA
	·	City	State or Province		Country
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		including country)	Rochester, New York 14		
1	Typewritten F				
	of Third Joint	Inventor (if any)	Given Name	NAC J. H T (4) - 1	Fil NI
			Given Name	Middle Initial	Family Name
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1	Typewritten F				
	of Fourth Join	nt Inventor (if any)		S 2: 1 12	
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	of Fifth Joint I	nventor (if any)	C' Name	N 61 3 31 - T., 141 - 1	F1N
	•		Given Name	Middle Initial	Family Name
2	**INVENTOR	'S SIGNATURE:			
3	**DATE OF S	IGNATURE:			
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	Residence:		State or Province		
		City			Country
	Citizenship:	2000			
		Post Office Address:			
		(Insert complete mailing address,			
		including country)			

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.